CLAS UNIVERSITY SCHOLARS PROGRAM 2025-2026 APPLICATION

DUE: February 3, 2025 Send application package to:

| Name (last, first, middle name/initial): | | | | UFID Number: | | |
|---|---|-------------|---|----------------------------------|--|--|
| | | | | | | |
| Local Address (Street Address including City, State, Zip Code): | | | | | | |
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| | | | | | | |
| Phone Number: | | | Gatorlink E-Mail Address | | | |
| | | | | | | |
| Major: | | Department: | | Expected Graduation Date: | | |
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| Are you a US Citizen? | Are you a Machen Florida Opportunity Scholar? | | Are you on Financial Aid (do not include Bright Futures)? | | | |
| | Opportunity Scholar: | | | Bright ratares). | | |
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| Faculty Mentor Information: | | | | | | |
| Name of Faculty Mentor: | | Mentor's Er | Mentor's Email: | | | |
| | | | | | | |
| Mentor's CLAS Department: | | | | | | |

Procedure:

- 1. Attach a typed summary of your proposed research project, maximum 500 words.
- 2. Attach a letter of support from the faculty mentor, stating that the mentor will agree to supervise this project and any other supporting information to assist that mentor's college in choosing its funded projects.
- 3. Submit application package as a single pdf document to your department.

Applications and supporting materials are **due** Monday February 3, 2025. For more general information, please visit https://cur.aa.ufl.edu/university-scholars-program/, and click on the Prospective Scholars/College Requirements link to find your faculty mentor's college to obtain specific information about the particular college's requirements. **Note** that in order to be eligible, you must not earn your bachelor's degree before Spring, 2026.

If selected, you must attend an orientation session with the Center for Undergraduate Research in Spring 2025, April 8 at 1:00 pm in the Stephen C. O'Connell Center.

CLAS USP Applicants will be notified by Friday March 14, 2025 if they have been selected for the Program.

CLAS University Scholars Program Stipend Disbursement Acknowledgement 2025-2026

| CLAS USP Applicant Information: | | |
|--|---|---|
| Name: | UFID: | |
| Gatorlink Email Address: | Phone: | |
| USP Faculty Mentor Information: | | |
| Name: | Department: | |
| Email Address: | Phone: | |
| Statement of Understanding: | | |
| I agree to complete the requirements of the requirements, I will be put into repayment \$750 in the Fall and \$1000 in January. I understange any of the requirements or due dat | ** for the full \$1750 disbursement amous derstand that the disbursement of the Univ | nt. The funds will be disbursed as follows: |
| Student Signature | Date | |
| Faculty Mentor Signature | Date | |

^{**} Repayment means that you will be required to pay back the money to UF. UF will bill you for this amount.